

**Pt. 40, App. C**

- (e) Return-to-Duty (number)
- (f) Follow-up (number)
- (g) Type of Test Not Noted on CCF (number)
- 2. Specimens Reported
  - (a) Negative (number)
  - (b) Negative and Dilute (number)
- 3. Specimens Reported as Rejected for Testing (total number)
  - By Reason
    - (a) Fatal flaw (number)
    - (b) Uncorrected Flaw (number)
- 4. Specimens Reported as Positive (total number) By Drug
  - (a) Marijuana Metabolite (number)
  - (b) Cocaine Metabolite (number)
  - (c) Opiates (number)
  - (1) Codeine (number)
  - (2) Morphine (number)
  - (3) 6-AM (number)
  - (d) Phencyclidine (number)
  - (e) Amphetamines (number)
  - (1) Amphetamine (number)
  - (2) Methamphetamine (number)
  - (3) MDMA (number)
  - (4) MDA (number)
  - (5) MDEA (number)
- 5. Adulterated (number)
- 6. Substituted (number)
- 7. Invalid Result (number)

[75 FR 49863, Aug. 16, 2010]

**APPENDIX C TO PART 40—DOT DRUG TESTING SEMI-ANNUAL LABORATORY REPORT TO DOT**

Mail, fax, or e-mail to: U.S. Department of Transportation, Office of Drug and Alcohol Policy and Compliance, W62-300, 1200 New Jersey Avenue, SE., Washington, DC 20590. Fax: (202) 366-3897. E-mail: [ODAPCWebMail@dot.gov](mailto:ODAPCWebMail@dot.gov).

The following items are required on each report:

Reporting Period: (inclusive dates)  
Laboratory Identification: (name and address)

1. DOT Specimen Results Reported (total number)
2. Negative Results Reported (total number)
  - Negative (number)
  - Negative-Dilute (number)
3. Rejected for Testing Results Reported (total number)
  - By Reason
    - (a) Fatal flaw (number)
    - (b) Uncorrected Flaw (number)
4. Positive Results Reported (total number) By Drug
  - (a) Marijuana Metabolite (number)
  - (b) Cocaine Metabolite (number)
  - (c) Opiates (number)
  - (1) Codeine (number)
  - (2) Morphine (number)
  - (3) 6-AM (number)
  - (d) Phencyclidine (number)

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- (e) Amphetamines (number)
  - (1) Amphetamine (number)
  - (2) Methamphetamine (number)
  - (3) MDMA (number)
  - (4) MDA (number)
  - (5) MDEA (number)
- 5. Adulterated Results Reported (total number)
  - By Reason (number)
- 6. Substituted Results Reported (total number)
- 7. Invalid Results Reported (total number)
  - By Reason (number)

[75 FR 49864, Aug. 16, 2010]

**APPENDIX D TO PART 40—REPORT FORMAT: SPLIT SPECIMEN FAILURE TO RECONFIRM**

Mail, fax, or submit electronically to: U.S. Department of Transportation, Office of Drug and Alcohol Policy and Compliance, W62-300, 1200 New Jersey Avenue, SE., Washington, DC 20590, Fax: (202) 366-3897. Submit Electronically: [http://www.dot.gov/ost/dapc/mro\\_split.html](http://www.dot.gov/ost/dapc/mro_split.html).

The following items are required on each report:

1. MRO name, address, phone number, and fax number.
2. Collection site name, address, and phone number.
3. Date of collection.
4. Specimen I.D. number.
5. Laboratory accession number.
6. Primary specimen laboratory name, address, and phone number.
7. Date result reported or certified by primary laboratory.
8. Split specimen laboratory name, address, and phone number.
9. Date split specimen result reported or certified by split specimen laboratory.
10. Primary specimen results (e.g., name of drug, adulterant) in the primary specimen.
11. Reason for split specimen failure-to-reconfirm result (e.g., drug or adulterant not present, specimen invalid, split not collected, insufficient volume).
12. Actions taken by the MRO (e.g., notified employer of failure to reconfirm and requirement for recollection).
13. Additional information explaining the reason for cancellation.
14. Name of individual submitting the report (if not the MRO).

[73 FR 35975, June 25, 2008]

**APPENDIX E TO PART 40—SAP EQUIVALENCY REQUIREMENTS FOR CERTIFICATION ORGANIZATIONS**

1. *Experience:* Minimum requirements are for three years of full-time supervised experience or 6,000 hours of supervised experience